

Indiana State Department of Health

|   |   |  |  |                          |  |
|---|---|--|--|--------------------------|--|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                         |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>151301</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____   |                          | (X3) DATE SURVEY<br>COMPLETED<br><br><b>09/16/2011</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>ST VINCENT RANDOLPH HOSPITAL INC</b> |   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>473 E GREENVILLE AVE<br/>WINCHESTER, IN 47394</b>                            |                          |  |
| (X4) ID<br>PREFIX<br>TAG  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG  | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |  |
| S 000   | <p>INITIAL COMMENTS</p> <p>Surveyor: 30405<br/>Facility Number: 005050</p> <p>Type of Survey: State Licensure Off Site JCAHO<br/>Accreditation Survey</p> <p>Date of JCAHO On Site Survey - Hospital full<br/>survey September 15-16, 2011</p> <p>Date of ISDH off site review - April 9, 2012</p> <p>Reviewer/Surveyor - Deborah Franco RN, PHNS</p> <p>Based on review of the September 15-16, 2011<br/>JCAHO Accreditation Survey Report, it has been<br/>determined that St Vincent Randolph Hospital<br/>meets the requirements for Hospital Licensure in<br/>Indiana.</p> | S 000  |  |                          |  |

Indiana State Department of Health

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

ROD111

If continuation sheet 1 of 1